



RACE: SARACENO TRAIL 15 K

MATTINATA TRAIL 34 K

GARGANO ULTRA TRAIL 80 K

MEDICAL CERTIFICATE

I, the undersigned DR _____, Doctor Of Medicine, certify that the examination of MR/MS _____ date of birth _____ Age ____ reveals no coantrindications for participating in running competition.

Medical Certificate issued in (place) _____

Date _____ Doctor's sign _____

Doctor Stamp

The certificate is in accordance with Italian law.

This certificate must be emailed to: info@garganorunningweek.com by April 20th. Failure to do it by this date will lead to cancellation of your registration, without any refund. Nobody will attend the race without the medical certificate.